

## Message Text

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PAGE 01 STATE 239316

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INFO OCT-01 ISO-00 HEW-06 EA-09 AID-05 IO-10 DHA-02 ORM-01

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DRAFTED BY IATF:JVTAFT:SBA

APPROVED BY IATF:JVTAFT

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R 072315Z OCT 75

FM SECSTATE WASHDC

TO CG CAMP PENDLETON CA

CG FT CHAFFEE ARK

CG INDIANTOWN GAP PA

UNCLAS STATE 239316

E.O. 11652: N/A

TAGS: SREF

SUBJECT: DRAFT POLICY INSTRUCTIONS REGARDING ADVANCE  
NOTICE TO SPONSORS AND VOLAGS OF CLASS A  
DISEASES

FOR SENIOR CIVIL COORDINATORS AND VOLAG EXECUTIVES FROM  
JULIA VADALA TAFT

1. ON OCTOBER 1, DR. FOEGE AND DON WORTMAN OF HEW DIS-  
CUSSED WITH THE VOLAGS THE MODIFICATION OF CURRENT  
RECEPTION CENTER PROCEDURES TO ASSURE A MORE TIMELY CONSUL-  
TATION ON CERTAIN HEALTH CASES WITH THE VOLUNTARY AGENCIES.

2. HEW HAS PREPARED THE FOLLOWING MEMO FOR ME CONFIRMING  
THE CHANGES DISCUSSED AT THAT MEETING. I WOULD APPRECIATE  
THE CIVIL COORDINATORS FORWARDING THEIR COMMENTS ON THIS  
MEMO TO ME BY FRIDAY, OCTOBER 10. THESE COMMENTS WILL BE  
INCORPORATED INTO A DISCUSSION AND STATUS REPORT THE  
CENTER FOR DISEASE CONTROL IS HOLDING FOR THE VOLAGS IN  
NEW YORK CITY ON OCTOBER 15. SHORTLY AFTER THIS MEETING  
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PAGE 02 STATE 239316

I INTEND TO ISSUE THE ATTACHED MEMO AS MAY BE MODIFIED.

3. QUOTE: TO: CIVIL COORDINATORS  
FROM: JULIA TAFT  
SUBJECT: ADVANCE NOTICE TO SPONSORS AND VOLAGS OF CLASS

A DISEASES

A. WE ARE CONTINUING TO RECEIVE A NUMBER OF CRITICISM ABOUT OUR PROCEDURE FOR TIMELY CONSULTATION WITH VOLUNTARY AGENCIES AND WITH SPONSORS ABOUT REFUGEES WHO HAVE CLASS A DISEASES, THE NATURE AND CONTROL OF WHICH SHOULD BE KNOWN TO BOTH PARTIES IN ORDER TO HAVE A SATISFACTORY REFUGEE-SPONSOR RELATIONSHIP.

B. IT IS MY VIEW THAT, ALTHOUGH THESE PROCEDURES HAVE IMPROVED AT EACH OF THE RECEPTION CENTERS OVER THE LAST TWO MONTHS, I NEED TO ENUNCIATE SOME BASIC POLICIES THEREIN TO AVOID A RECURRENCE OF THE CRITICISMS WHICH WE ARE NOW GETTING.

C. THESE PROCEDURES APPLY UNIFORMLY TO ALL DIAGNOSED CLASS A HANSEN'S DISEASE CASES AND DIAGNOSED OR SUSPECTED CASES OF TUBERCULOSIS ON MEDICATION, AND TO SUCH OTHER CLASS A AND B HEALTH MATTERS AS THE PUBLIC HEALTH DOCTORS DETERMINE TO ALSO WARRANT PRIOR CONSULTATION WITH THE VOLAG AND SPONSOR. I AM HOPEFUL THAT THE FOLLOWING POLICIES CAN BE ACCOMMODATED WITHIN YOUR EXISTING PROCESS.

(1) EACH CENTER WILL ESTABLISH A PROCESS WHEREIN CENTER FOR DISEASE CONTROL PERSONNEL DISCUSS THE NECESSITY OF A MEDICAL HOLD IN VERIFIED CLASS A CONTAGIOUS DISEASE OR CLASS B CONDITION WITH THE APPROPRIATE VOLAG REPRESENTATIVE SHORTLY AFTER THAT VERIFICATION IS KNOWN TO RECEPTION CENTER PUBLIC HEALTH DOCTORS.

(2) FOR ALL SUCH CASES, IT CONTINUES TO BE THE RESPONSIBILITY OF CDC PROFESSIONAL PERSONNEL TO DISCUSS DETAILS WITH THE SPONSOR AS SOON AS THEY ARE ADVISED OF THE IDENTITY OF THE INTENDED SPONSOR FOR THE REFUGEE AND, IN NO CASE, NO LATER THAN FIVE DAYS PRIOR TO DEPARTURE FROM THE RECEPTION CENTER.

(3) IN ORDER TO ACCOMPLISH THIS, THE ATTACHED FORM REQUESTING PERMISSION FOR THE RELEASE OF THE MEDICAL DATA SHOULD BE SIGNED BY THE REFUGEE AND OBTAINED BY UNCLASSIFIED

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PAGE 03 STATE 239316

CDC PRIOR TO DISCUSSION WITH THE VOLAG REPRESENTATIVE AND THIS CONSULTATION PROCESS. CDC WILL MAINTAIN THESE FORMS ON FILE, INCLUDING A RECORD OF THE VOLAG REPRESENTATIVE AND THE SPONSOR WITH WHOM THIS CASE HAS BEEN DISCUSSED.

D. ADDITIONAL NOTE: RECEPTION CENTERS HAVE REQUESTED GUIDANCE ON THE HANDLING OF CLASS A NARCOTIC DRUG ADDICTION CONDITIONS. DR. JAMES COOPER, NATIONAL INSTITUTE OF DRUG ABUSE PHONE NUMBER (301) 443-2050, HAS BEEN

DESIGNATED AS A CONTACT AND INFORMATION POINT FOR THE  
TREATMENT AND PLACEMENT OF DRUG ADDICTS. UNQTE.

4. TEXT OF FORM FOLLOWS:

QTE INDOCHINA REFUGEE PROGRAM -- CONSENT FOR RELEASE OF  
MEDICAL INFORMATION

I UNDERSTAND THAT AS PART OF MY PLACEMENT IN THIS  
COUNTRY THERE MAY BE A NEED TO DISCLOSE OR TRANSFER  
INFORMATION OR RECORDS ON MY MEDICAL STATUS OR PROBLEMS  
TO OTHER AGENCIES OR PERSONS WORKING ON MY PLACEMENT.  
SPECIFICALLY THIS INFORMATION WILL BE SHARED WITH THE  
SPONSOR AND/OR THE PHYSICIAN DESIGNATED BY THE SPONSOR.  
I CONSENT TO THAT DISCLOSURE OR TRANSFER. IT HAS BEEN  
EXPLAINED TO ME THAT EVERY EFFORT WILL BE MADE TO KEEP  
THIS INFORMATION CONFIDENTIAL AND THE DISCLOSURE OR  
TRANSFER WILL BE MADE ONLY TO THE EXTENT NECESSARY TO  
ASSIST IN MY PLACEMENT OR AS OTHERWISE MAY BE NECESSARY  
FOR MY MEDICAL CARE OR TREATMENT. UNQTE. KISSINGER

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## Message Attributes

**Automatic Decaptioning:** X  
**Capture Date:** 01 JAN 1994  
**Channel Indicators:** n/a  
**Current Classification:** UNCLASSIFIED  
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**Control Number:** n/a  
**Copy:** SINGLE  
**Draft Date:** 07 OCT 1975  
**Decaption Date:** 01 JAN 1960  
**Decaption Note:**  
**Disposition Action:** n/a  
**Disposition Approved on Date:**  
**Disposition Authority:** n/a  
**Disposition Case Number:** n/a  
**Disposition Comment:**  
**Disposition Date:** 01 JAN 1960  
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**Errors:** N/A  
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**TAGS:** SREF, TBIO, XC, US  
**To:** CG CAMP PENDLETON CA CG INDIANTOWN GAP PA  
**Type:** TE  
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